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NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THE
FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 09027205

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	<u>201/101</u>					<u>790</u>	<u>790</u>
Total Claims >20	<u>203/103</u>	<u>54</u>	<u>-20 =</u>	<u>34</u>	X	<u>22</u>	<u>748</u>
Independent Claims >3	<u>202/102</u>	<u>4</u>	<u>-3 =</u>	<u>1</u>	X	<u>82</u>	<u>82</u>
Mult. Dep Claim Present	<u>204/104</u>						
Surcharge	<u>205/105</u>						
English Translation	<u>139</u>						
<u>TOTAL FEE CALCULATION</u>							<u>1750</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 1750

Less Filing Fees Submitted - \$ —

BALANCE DUE = \$ 1750

Office of Initial Patent Examination

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

09027205

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	54 minus 20 =	* 34
INDEPENDENT CLAIMS	105 minus 3 =	* 2
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

RATE	FEE
	395.00
x\$11=	
x41=	
+135=	
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
	790.00
x\$22=	748
x82=	82
+270=	
TOTAL	1702

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) MINUS	(Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) MINUS	(Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 32	Minus	** 54	=
Independent	* 5	Minus	*** 5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) MINUS	(Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 36	Minus	** 54.33	= 3
Independent	* 4	Minus	*** 5.6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	54.5
x82=	
+270=	270
TOTAL ADDIT. FEE	324

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.